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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:	)	
	)	MMB Docket No: <b>1671-0292</b>
<b>DiSilvestro et al.</b>	)	
	)	J & J Reference: <b>DEP 5206</b>
Application No: <b>10/813,292</b>	)	
	)	Examiner: <b>To be assigned</b>
Filed: <b>March 30, 2004</b>	)	
	)	Group Art Unit: <b>2632</b>
Title: <b>Orthopaedic Components</b>	)	
<b>with Data Storage Element</b>	)	

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 on June 22, 2005  
(Date of Deposit)

Paul J. Maginot

Name of person mailing Document or Fee

Paul J. Maginot

Signature of person mailing Document or Fee

June 22, 2005

Date of Signature

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 CFR §1.56 and §1.97, Applicants hereby disclose the following reference.

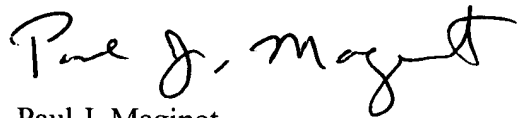
**U.S. Patent No.**  
5,300,120

**Inventor(s)**  
Knapp et al.

**Issue Date**  
04/05/1994

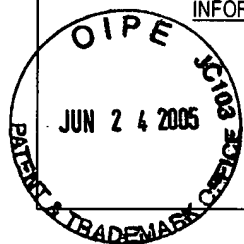
It is believed that no fees are due for the consideration of this Supplemental Information Disclosure Statement. However, the Commissioner is hereby authorized to charge any fee deficiency or to credit any overpayment to Deposit Account No. 13-0014, but not to include any payment of issue fees.

Respectfully submitted,  
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FORM PTO-1449  
INFORMATION DISCLOSURE STATEMENT

ATTY. DOCKET NO.  
1671-0292

APPLICATION NO. 10/813,292

APPLICANT: DiSilvestro et al.

FILING DATE: March 30, 2004

GROUP ART UNIT: 2632

### U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUB-CLASS	FILING DATE
	AA	5,300,120	04/05/1994	Knapp et al.			
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						

### FOREIGN PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUB-CLASS	TRANSLATION
	AL						Yes No
	AM						Yes No
	AN						Yes No
	AO						Yes No
	AP						Yes No

### OTHER (Including Author, Title, Date, Pertinent Pages, etc.)

	AQ	<u>1</u>	
	AR	<u>1</u>	
	AS	<u>1</u>	

EXAMINER	DATE CONSIDERED
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**EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.